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On April 23, 2004
By: Masha M. Martineik

PATENT
Attorney Docket No.: 015672-000810US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LOREN R. PICKART

Application No.: 10/077,152

Filed: February 15, 2002

For: METHODS FOR TREATING
FINGERNAILS AND TOENAILS

Customer No.: 20350

Confirmation No. 3529

Examiner: S. L. Howard

Technology Center/Art Unit: 1615

AMENDMENT

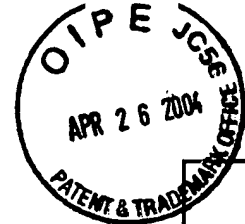
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed January 27, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/077,152
		Filing Date	February 15, 2002
		First Named Inventor	Loren R. Pickart
		Art Unit	1615
		Examiner Name	S. L. Howard
Total Number of Pages in This Submission		Attorney Docket Number	015672-000810US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Steven W. Parmelee Reg. No. 31,990
Signature	<i>Steven W. Parmelee</i>
Date	<i>April 23, 2004</i>

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Masha M. Martinenko		
Signature	<i>Masha M. Martinenko</i>	Date	<i>April 23, 2004</i>